

Introduction

The Medical Impairment Rating (MIR) Registry Program, authorized by the Tennessee Workers Compensation Act, was created to assist parties in the resolution of workers' compensation claims. The Program provides to injured workers in Tennessee, for injuries occurring on or after July 1, 2005, involving a dispute as to the degree of permanent medical impairment, access to physicians who will provide an ***independent medical evaluation and will issue a permanent impairment rating deemed to be legally "accurate."*** A dispute exists when one of the following conditions is met: a) two different physicians have issued differing permanent medical impairment ratings, and the parties disagree as to those ratings; or, b) a physician has issued an opinion that no permanent medical impairment exists, yet the physician has issued permanent physical restrictions to the injured employee.

MIR Program Web site:

<https://ecmats.state.tn.us/MIR/>

The Registry

The Medical Impairment Rating Registry is a list of qualified and approved physicians, available statewide, who are specially trained to conduct impairment rating medical evaluations. All impairment ratings shall be determined using the ***AMA Guides to the Evaluation of Permanent Impairment***, unless otherwise allowed by the Workers' Compensation Act.

Application Process

If the parties, the employer or insurance provider and the employee are unable to resolve their dispute as to the impairment ratings, either party may request a Medical Impairment Rating (MIR) evaluation by completing and submitting to the MIR Program Coordinator an "Application for a Medical Impairment Rating (MIR)" available by request or on the Department's webpage. A copy of the completed form must be sent to the other party at the same time that it is submitted to the Program Coordinator for processing. The completed form must include the following information:

1. The names and contact information for all parties to the claim.
2. The date of the injury.
3. The State File Number assigned to the claim.
4. The nature of the injury to be evaluated.
5. The body part(s) to be evaluated, including whether mental impairment shall be evaluated.
6. The names of **all** of the physicians made available by the employer for treatment to the injured worker.
7. The names of **all** physicians who have treated or evaluated the injured worker for the workplace injury involved in the disputed matter. These names will include those physicians provided by the employer and also any personal physicians that the injured worker used to treat or evaluate the injury.
8. Whether an interpreter is needed.

For forms visit:

<http://www.tennessee.gov/labor-wfd/mainforms.html>

Physician Selection

Within five business days of receipt of the "Application for a Medical Impairment Rating (MIR)," the MIR Program Coordinator will supply to both the employer and the injured worker the names of the independent physicians on the Registry who are trained and qualified to evaluate the conditions and/or body parts specified on the application and who practice in the appropriate geographic area. These physicians will not have been involved in any of the earlier treatments or evaluations and will be truly independent. The parties will then negotiate to determine whether an agreement can be reached on a physician from that list to conduct the MIR evaluation. If an agreement is reached on a physician, the Program Coordinator should be notified to schedule the evaluation. If the parties are unable to reach agreement, either party may request a listing of three trained, qualified and independent physicians, one of whom will be selected to conduct the evaluation.



Within three business days of the issuance of the three-physician listing, the employer must strike a physician from the listing, leaving two remaining names, and notify both the injured worker and the Program Coordinator of the name stricken. Within three business days of being notified by the employer of the name stricken, the injured worker shall strike a name, thus leaving only one name—the name of the physician selected to be the MIR physician. Within that same three-business-day period, the injured worker must notify the employer and the Program Coordinator of the physician chosen. If either party fails to adhere to these time frames, the other party should immediately notify the Program Coordinator for advice on how to proceed.

Appointment Process

Within three business days of being notified of the selection of the MIR physician, ***the Program Coordinator will contact the physician to schedule the appointment.*** The evaluation will be conducted as soon as possible, likely within a few days. Upon being notified of the scheduled appointment, the employer must contact the MIR physician to arrange for payment, and both parties must arrange for medical records submission. Evaluations can be cancelled only by the Program Coordinator. If a party wants to cancel the evaluation, he must notify the Program Coordinator to request permission. All cancellations must occur at least three business days prior to the appointment date. Evaluations that are untimely cancelled will result in a cancellation fee. Injured workers failing to attend the evaluation may risk future benefits while refusing to attend.

Submission of Medical Records

The parties are responsible for providing all pertinent medical records to the MIR physician and the other party at least 10 days prior to the scheduled date of the evaluation. If requested, the worker must sign a waiver and release form to allow the release of the records. The medical packet shall be in chronological order tabbed by year and shall include a dated cover sheet listing the injured worker's name, the date and time of the appointment, and other important information. Failure to timely and properly submit medical records by either party may result in cancellation of the MIR by the Program Coordinator. Penalties otherwise available under the rules of the Program and under the Workers' Compensation Act may also be applied. There shall be no undisclosed communication with the MIR physician by any party before or during the MIR process except that authorized by the rules of the program. Any violation may result in cancellation of the evaluation or other penalty deemed appropriate by the Commissioner.



Payment/Fees

The employer shall pre-pay to the MIR physician the evaluation fee prior to the MIR evaluation. The fee will be an amount established by the Program and determined by how quickly the evaluation is performed and the rating report is generated. If the fee is not paid within the time frame allowed by the Program Rules, late fees and penalties may be assessed on the employer.

For more information visit:

<http://www.tennessee.gov/labor-wfd/wcomp.html>

Interpreters attending the MIR

If an interpreter is necessary for translation during the evaluation, the worker must notify the Program Coordinator before the appointment. The Program Coordinator shall be responsible for arranging for the services while the employer is responsible for paying for the interpreter. The interpreter will be impartial and independent and have no professional or personal affiliation with either party or with the MIR physician.

The Evaluation

After reviewing the medical records provided, the MIR physician will perform an evaluation covering only the condition(s) that apply to the work-related claim and dispute. The MIR physician cannot become the treating physician. All costs associated with the evaluation must be paid by the employer. All parties are expected to cooperate with the Program Coordinator during the scheduling process and with the MIR physician during the evaluation process.

Physician's Report

MIR physicians must submit their reports to the Program Coordinator within the time limits established by the Program Rules. Upon the receipt of the report, the Program Coordinator will review it for completeness and for inclusion of all appropriate worksheets. Once accepted, the Program Coordinator will forward copies to the employee and employer. To ensure correctness in the application of the *AMA Guides* and in determining the proper impairment rating, all reports are subject to the Department's peer review process. Unlike the prior impairment ratings given in a case, the permanent impairment rating given by the MIR physician in an MIR evaluation is considered, by law, to be accurate and can be overturned only by clear and convincing evidence to the contrary.



Tennessee Department of Labor & Workforce Development. Authorization No. #337403. 2,000 copies. April 2006.

This public document has been promulgated at a cost of \$.62 per copy.

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An Overview of The Medical Impairment Rating (MIR) Program



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